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**CONFIRMATION NO. 8166** 

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APPLICANTS						·		
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IF REQUIRED, FOR ** 03/16/2004	EIGN FILING LICENSE	GRANTE	<b>∃</b> D					
Foreign Priority claimed yes no STATE C				SHE	ETS	TOTAL INDE		INDEPENDENT
met  Verified and Acknowledged  Examiner's Signature  Met after  Met after  Met after  Initials			COUNTRY		WING 16	CLAIMS 52		CLAIMS 4
ADDRESS 23419 COOLEY GODWARI 3000 EL CAMINO RI 5 PALO ALTO SQUA PALO ALTO , CA 94306	EAL							
TITLE Apparatus and metho	od for controlling polariza	ition in a	n optical comn	nunicati	ions me	dium		
No.	ES: Authority has been gi to charge/cre for following:	NT	All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)  1.18 Fees (Issue)					

	□ Other
·	☐ Credit